

SHB 3072 - H AMD 1055

By Representative Morrell

1 Strike everything after the enacting clause and insert the
2 following:

3 **"Sec. 1.** RCW 18.59.020 and 1999 c 333 s 1 are each amended to read
4 as follows:

5 Unless the context clearly requires otherwise, the definitions in
6 this section apply throughout this chapter.

7 (1) "Board" means the board of occupational therapy practice.

8 (2) "Occupational therapy" is the scientifically based use of
9 purposeful activity with individuals who are limited by physical injury
10 or illness, psychosocial dysfunction, developmental or learning
11 disabilities, or the aging process in order to maximize independence,
12 prevent disability, and maintain health. The practice encompasses
13 evaluation, treatment, and consultation. Specific occupational therapy
14 services include but are not limited to: Using specifically designed
15 activities and exercises to enhance neurodevelopmental, cognitive,
16 perceptual motor, sensory integrative, and psychomotor functioning;
17 administering and interpreting tests such as manual muscle and sensory
18 integration; teaching daily living skills; developing prevocational
19 skills and play and avocational capabilities; designing, fabricating,
20 or applying selected orthotic and prosthetic devices or selected
21 adaptive equipment; wound care management as provided in section 3 of
22 this act; and adapting environments for ~~((the-handicapped))~~ persons
23 with disabilities. These services are provided individually, in
24 groups, or through social systems.

25 (3) "Occupational therapist" means a person licensed to practice
26 occupational therapy under this chapter.

27 (4) "Occupational therapy assistant" means a person licensed to
28 assist in the practice of occupational therapy under the supervision or
29 with the regular consultation of an occupational therapist.

1 (5) "Occupational therapy aide" means a person who is trained to
2 perform specific occupational therapy techniques under professional
3 supervision as defined by the board but who does not perform activities
4 that require advanced training in the sciences or practices involved in
5 the profession of occupational therapy.

6 (6) "Occupational therapy practitioner" means a person who is
7 credentialed as an occupational therapist or occupational therapy
8 assistant.

9 (7) "Person" means any individual, partnership, unincorporated
10 organization, or corporate body, except that only an individual may be
11 licensed under this chapter.

12 (8) "Department" means the department of health.

13 (9) "Secretary" means the secretary of health.

14 (10) "Sharp debridement" means the removal of loose or loosely
15 adherent devitalized tissue with the use of tweezers, scissors, or
16 scalpel, without any type of anesthesia other than topical anesthetics.
17 "Sharp debridement" does not mean surgical debridement.

18 (11) "Wound care management" means a part of occupational therapy
19 treatment that facilitates healing, prevents edema, infection, and
20 excessive scar formation, and minimizes wound complications. Treatment
21 may include: Assessment of wound healing status; patient education;
22 selection and application of dressings; cleansing of the wound and
23 surrounding areas; application of topical medications, as provided
24 under RCW 18.59.160; use of physical agent modalities; application of
25 pressure garments and nonweight-bearing orthotic devices, excluding
26 high-temperature custom foot orthotics made from a mold; sharp
27 debridement of devitalized tissue; debridement of devitalized tissue
28 with other agents; and adapting activities of daily living to promote
29 independence during wound healing.

30 **Sec. 2.** RCW 18.59.160 and 2009 c 68 s 1 are each amended to read
31 as follows:

32 An occupational therapist licensed under this chapter may purchase,
33 store, and administer topical and transdermal medications such as
34 hydrocortisone, dexamethasone, fluocinonide, topical anesthetics,
35 lidocaine, magnesium sulfate, and other similar medications for the
36 practice of occupational therapy as prescribed by a health care
37 provider with prescribing authority as authorized in RCW 18.59.100.

1 Administration of medication must be documented in the patient's
2 medical record. Some medications may be applied by the use of
3 iontophoresis and phonophoresis. An occupational therapist may not
4 purchase, store, or administer controlled substances. A pharmacist who
5 dispenses such drugs to a licensed occupational therapist is not liable
6 for any adverse reactions caused by any method of use by the
7 occupational therapist. (~~Application of a prescribed medication to a~~
8 ~~wound as authorized in this statute does not constitute wound care~~
9 ~~management.~~) Application of a topical medication to a wound is subject
10 to section 3 of this act.

11 NEW SECTION. **Sec. 3.** A new section is added to chapter 18.59 RCW
12 to read as follows:

13 (1)(a) An occupational therapist licensed under this chapter may
14 provide wound care management only:

15 (i) In the course of occupational therapy treatment to return
16 patients to functional performance in their everyday occupations under
17 the referral and direction of a physician or other authorized
18 healthcare provider listed in RCW 18.59.100 in accordance with their
19 scope of practice. The referring provider must evaluate the patient
20 prior to referral to an occupational therapist for wound care; and

21 (ii) After filing an affidavit under subsection (2)(b) of this
22 section.

23 (b) An occupational therapist may not delegate wound care
24 management, including any form of debridement.

25 (2)(a) Debridement is not an entry-level skill and requires
26 specialized training, which must include: Indications and
27 contraindications for the use of debridement; appropriate selection and
28 use of clean and sterile techniques; selection of appropriate tools,
29 such as scissors, forceps, or scalpel; identification of viable and
30 devitalized tissues; and conditions which require referral back to the
31 referring provider. Training must be provided through continuing
32 education, mentoring, cotreatment, and observation. Consultation with
33 the referring provider is required if the wound exposes anatomical
34 structures underlying the skin, such as tendon, muscle, or bone, or if
35 there is an obvious worsening of the condition, or signs of infection.

36 (b)(i) Occupational therapists may perform wound care management

1 upon showing evidence of adequate education and training by submitting
2 an affidavit to the board attesting to their education and training as
3 follows:

4 (A) For occupational therapists performing any part of wound care
5 management, except sharp debridement with a scalpel, a minimum of
6 fifteen hours of mentored training in a clinical setting is required to
7 be documented in the affidavit. Mentored training includes
8 observation, cotreatment, and supervised treatment by a licensed
9 occupational therapist who is authorized to perform wound care
10 management under this section or a health care provider who is
11 authorized to perform wound care management in his or her scope of
12 practice. Fifteen hours mentored training in a clinical setting must
13 include a case mix similar to the occupational therapist's expected
14 practice;

15 (B) For occupational therapists performing sharp debridement with
16 a scalpel, a minimum of two thousand hours in clinical practice and an
17 additional minimum of fifteen hours of mentored sharp debridement
18 training in the use of a scalpel in a clinical setting is required to
19 be documented in the affidavit. Mentored training includes
20 observation, cotreatment, and supervised treatment by a licensed
21 occupational therapist who is authorized to perform sharp debridement
22 with a scalpel under this section or a health care provider who is
23 authorized to perform wound care management, including sharp
24 debridement with a scalpel, in his or her scope of practice. Both the
25 two thousand hours in clinical practice and the fifteen hours of
26 mentored training in a clinical setting must include a case mix similar
27 to the occupational therapist's expected practice.

28 (ii) Certification as a certified hand therapist by the hand
29 therapy certification commission or as a wound care specialist by the
30 national alliance of wound care or equivalent organization approved by
31 the board is sufficient to meet the requirements of (b)(i) of this
32 subsection.

33 (c) The board shall develop an affidavit form for the purposes of
34 (b) of this subsection."

EFFECT: Changes the definition of "sharp debridement" to mean the

removal of loose or loosely adherent devitalized tissue (instead of the removal of devitalized tissue from a wound) with scissors, scalpel, or tweezers (instead of with scissors, scalpel, and tweezers) without any type of anesthesia other than topical anesthetics (instead of without any type of anesthesia). Requires occupational therapists to send the affidavit showing adequate education and training in wound care to the Board of Occupational Therapy Practice instead of the Department of Health (the board, not the department, licenses occupational therapists). Clarifies that the mentored training necessary to perform wound care management must be provided in a clinical setting. Requires the mentored training necessary to perform wound care management to be performed by a licensed occupational therapist who is authorized to perform wound care management or another type of health care provider who is authorized to perform wound care management in his or her scope of practice. Requires an occupational therapist performing sharp debridement with a scalpel to have completed a minimum of 2,000 hours of clinical practice (in addition to the additional 15 hours of mentored training already required by the underlying bill). Removes the requirement that the mentored training include training in conditions that necessitate referral back to the referring provider. Removes the ability of wound care specialists certified by the American Academy of Wound Management to practice wound care management without meeting the minimum education and training requirements in the underlying bill.

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